

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8118	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name Robert P Clerihew  P.O. Box, Bldg., Room No., if any  Street 1896 SW Heiney Rd.  City Gresham  State Oregon ZIP Code + 4 97080-5703	4. Name, file number, and address of labor organization.  Name Ironworkers Local 29  Labor Organization File Number 003-526  P.O. Box, Building and Room Number, if any Suite 200  Street 11620 NE Ainsworth Circle  City Portland  State Oregon ZIP Code + 4 97220-9016
5. Position in labor organization. Trustee	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed R. Clerihew

On 8/12/2005

Date

(503) 667-9968

Telephone Number

Name of Person Filing Robert Clerihew	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Ironworkers Local 29</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 200</p> <p>Street 11620 NE Ainsworth Circle</p> <p>City Portland</p> <p>State Oregon ZIP Code + 4 97220-9016</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name North West Ironworkers Trust Funds</p> <p>Trade Name, if any: Welfare &amp; Pension Admin. Svc., inc.</p> <p>P.O. Box, Bldg., Room No., if any PO Box 34203 Suite 300</p> <p>Street 2815 Second Avenue</p> <p>City Seattle</p> <p>State Washington ZIP Code + 4 98124-1203</p>	<p>11.a. Nature of such dealing.</p> <p>Multi-Employer Trust Funds; Health &amp; Security Trust \$17,000,000 Retirement Trust \$309,000,000 Annuity Trust \$128,000,000 Vacation Trust \$1,250,000</p> <p>11.b. Approximate dollar value of such dealing. \$455,000,000</p> <p>12.a. Nature of interest held or income received.</p> <p>Food/beverage provided related to trust meetings held in; February \$138 June \$98 October \$292</p> <p>12.b. Amount. \$528</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name North West Ironworkers Trust Funds</p> <p>Trade Name, if any: Welfare &amp; Pension Admin. Svc., Inc.</p> <p>P.O. Box, Bldg., Room No., if any PO Box 34203 Suite 300</p> <p>Street 2815 Second Avenue</p> <p>City Seattle</p> <p>State Washington ZIP Code + 4 98124-1203</p>	<p>14.a. Nature of payment.</p> <p>Reimbursed Expenses for June meeting; Room \$184 Milage \$257</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. \$442</p>